

CERTIFICATE OF CONTINUING EDUCATION COURSE COMPLETION
Texas Department Of Insurance

Course Number: 91474

Offering Number (optional):

Course Name: Cabinetry and Furniture Restoration

Total Credit Hours: 1.0 , as follows

General 1.0

Course certified as: Classroom

THIS HEREBY CERTIFIES THAT SYLVIA M BROWN, 1117550
(Name AS ON LICENSE) (License Number)

has taken and successfully completed on this day the above course of study for Continuing Education. This course of study has been filed and approved by the Texas Department of Insurance in accordance with its regulations.

Course Completion Date: 10-16-2014

The above Continuing Education credits have been submitted for official banking by:

Provider Number:

SERVICEMASTER ADVANCED RESTORATION/FRYCO

1630 WEST EULESS BLVD
EULESS, TX 76040-6825

LICENSEE must retain for at least four years.

Prepared on:

10-19-2014

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Total Credit Hours: 1.0 , as follows

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Course certified as: Classroom

THIS HEREBY CERTIFIES THAT LEONARD ROY HEINZE, 1674485
(Name AS ON LICENSE) (License Number)

has taken and successfully completed on this day the above course of study for Continuing Education. This course of study has been filed and approved by the Texas Department of Insurance in accordance with its regulations.

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General 1.0

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THIS HEREBY CERTIFIES THAT SHIRLEY JEAN GRAHAM WARE, 1445037
(Name AS ON LICENSE) (License Number)

has taken and successfully completed on this day the above course of study for Continuing Education. This course of study has been filed and approved by the Texas Department of Insurance in accordance with its regulations.

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Texas Department Of Insurance

Course Number: 91474

Offering Number (optional):

Course Name: Cabinetry and Furniture Restoration

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General 1.0

Course certified as: Classroom

THIS HEREBY CERTIFIES THAT JAMES FRANCIS ROTH, 1762579
(Name AS ON LICENSE) (License Number)

has taken and successfully completed on this day the above course of study for Continuing Education. This course of study has been filed and approved by the Texas Department of Insurance in accordance with its regulations.

Course Completion Date: 10-16-2014

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Provider Number:

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1630 WEST EULESS BLVD
EULESS, TX 76040-6825

LICENSEE must retain for at least four years.

Prepared on:

10-19-2014